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PTO/SB/81 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
NOT ACCOMPANYING  
APPLICATION**

Application Number	
Filing Date	7/24/01
First Named Inventor	TOWSEND
Group Art Unit	
Examiner Name	
Attorney Docket Number	1024-038

I hereby appoint:

☒ Practitioners at Customer Number

26542

Place Customer  
Number Bar Code  
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OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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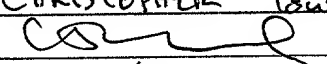
<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	ZIP	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

**SIGNATURE of Applicant or Assignee of Record**

Name	CHRISTOPHER TOWNSEND
Signature	
Date	7/24/01

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PTO/SB/01 (11/99)

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# **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION**

Application Number	
Filing Date	7/24/01
First Named Inventor	TOWNSEND
Group Art Unit	
Examiner Name	
Attorney Docket Number	1024-038

I hereby appoint:

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26542

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Name	Registration Number
James M. Leas	34372

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OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest  
 Certificate under 37 CFR 3.73(b) is enclosed

## SIGNATURE of Applicant or Assignee of Record

Name	STEVEN W. ARMS
Signature	<i>Steven W. Arms</i>
Date	7/24/01

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:

☐ Customer Number  
or Bar Code Label**26542**OR ☐

Correspondence address below

Name

**JAMES H. LEAS**

Address

**37 Butler Drive**

Address

City

**S. Burlington**

State

**VT**

ZIP

**05403**

Country

**USA**

Telephone

**802 864-1575**

Fax

**802 864 9319**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

**CHRISTOPHER**

(first and middle (if any))

Family Name

**TOWNSEND**

or Surname

Inventor's  
Signature

Date

**7/24/01**

Residence: City

**SHELBURNE**

State

**VT**

Country

**USA**

Citizenship

**USA**

Mailing Address

**679 WEBSTER RD**

Mailing Address

City

**SHELBURNE**

State

**VT**

ZIP

**05482**

Country

**USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

**STEVEN**

(first and middle (if any))

Family Name

**ARMS**

or Surname

Inventor's  
Signature

Date

**7/24/01**

Residence: City

**Williston**

State

**VT**

Country

**USA**

Citizenship

**USA**

Mailing Address

**22 Brookside Drive**

Mailing Address

City

**Williston**

State

**VT**

ZIP

**05495**

Country

**USA**☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

093199-072401-561660

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 1024-038

First Named Inventor Townsend

**COMPLETE IF KNOWN**

Application Number /

Filing Date 7/24/01

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Temperature Compensation Circuit for Inductive Sensors

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,364	07/24/2000	

[Page 1 of 2]

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